

INSTRUCTIONS ON HOW TO COMPLETE THE LOUISIANA STATE DRIVER'S ACCIDENT REPORT FORM # DA 2041

(The "*" marked items are mandatory to be completed) This form must be completed within 48 hours after an automobile accident in a State owned vehicle and/or a rented/leased vehicle being used on State business. Mail this report to: Office of Risk Management, Claims Dept., P.O. Box 94095, BR, LA 70804. (If you are unable to complete all mandatory items in time period, please complete as many as possible and submit this report within the 48 hour period.)

- * 1. Agency's Name (example: Office of Risk Management)
- * 2. The Name of the Contact Person for the Agency (example: John Doe)
- * 3. Phone Number of this Contact Person in #2 (example: area code/000-0000)
- * 4. ORM Location Code Number for your Agency (example: Office of Risk Management # 0455)
- * 5. State Vehicle Driver's Name (example: Print-Sam J. Jones)
- * 6. State Driver's Social Security Number (example: 111-11-1111)
- * 7. Date of this Accident (example: 5-26-98)
- * 8. Time of this Accident (example: 2:00 p. m.)
- * 9. Exact Physical Address of this Accident (example: intersection of Florida Blvd. and Wooddale Blvd., Baton Rouge, LA)
- * 10. Description of how this Accident Happened (example: The other driver was stopped for a red light on Florida Blvd. and the State driver struck this vehicle from behind)
- * 11. Was State Driver using Seat Belts at time of Accident? (example: yes or no)

State Owned Vehicle or Rented/Leased Vehicle Used for State Business (If more space is needed, please use a separate sheet)

- * 12. State Vehicle Driver's Home Physical Address (example: 100 Ave A, Baton Rouge, LA 70804)
- * 13. State Vehicle Driver's Home Phone No. (example: area code/000-0000)
- * 14. State Vehicle Driver's Work Phone No. (example: area code/000-0000)
- * 15. State Vehicle Driver's License No. (example: LA 0011111111)

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- 16. Age of State Driver (example: 24)
- 17. Sex of State Driver (example male or female)
- *18. Full Name of Vehicle Registered Owner and address (example: Office of Risk Management, 626 North 4th St., Baton Rouge, LA. 70804)
- *19. Year of Vehicle (example: 1998)
- *20. Make of Vehicle (example: Ford)
- *21. Model of Vehicle (example: Crown Victoria)
- *22. Body Type (example: 4 door or 4 x 4)
- *23. Vehicle License No./Equipment No./VIN (example: PP100000/ 123-890/ 2FALP81W5TX156000)
- *24A Where can the vehicle be seen for inspection? (example: 1000 Oak St., Alton, LA)
- *24B Describe damages (example: Right Front fender and grill)

OTHER VEHICLE INFORMATION

(If you need more space, please use a separate sheet)

- *25. Other Vehicle Driver's Name: (example: Henry J. Smith)
- 26. Other Vehicle Driver's Social Security Number (example: 000-00-0000)
- 27. Other Vehicle Driver's License Number (example: 002222222)
- 28. Other Vehicle Driver's Age (example: 35)
- 29. Other Vehicle Driver's Sex (example: male or female)
- *30. Other Vehicle Driver's Address (street #, city, state & zip code) (example: 1000 Able Street, Morgan City, LA 70000)
- *31. Other Vehicle Driver's Home Phone # (example: area code/123-4567)
- *32. Other Vehicle Driver's Work Phone #: (example: area code/890-9090)
- *33. Vehicle Owner's Name and Address (if different from other driver's name)
(Example: Sam Smith, 100 South St., Baton Rouge, LA 70805)

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- *34. Year of Vehicle (example: 1997)
- *35. Make of Vehicle (example: Chevrolet)
- *36. Model of Vehicle (example: Caprice)
- *37. Body Type of Vehicle (example: 4 Door)
- 38. License #, equipment # or vin of Vehicle (example: BBB 123, 23-890, or 1F09FGH90RTF123456)
- *39. Where can the vehicle be seen? (example: 123 19th St., Baton Rouge, LA 70806)
- *40. Other Vehicle Insurance Co. (example: State Farm Ins. Co.)
- *41. Policy Number (example: 123-456)
- *42. Describe damage(s) to Vehicle: (example: right front fender and grill)
- 43. Estimate Amount (example: \$2500.00)

INJURED

(If you need more space, please use a separate sheet)

- *44. Name and Address of Injured Person (example: John Smith, 10 South St., Baton Rouge, LA 70804)
- *45. Phone Number (example: area code/000-0000)
- *46. "Ped" for Pedestrian (example: If a pedestrian was hit by vehicle, then place a check mark in this box)
- *47. "Ins. Veh." for Insured Vehicle (example: If the driver and/or the passenger was injured in the State/Insured Vehicle then place a check mark in this box)
- *48. "Other Veh." for Other Vehicle (example: If the driver and/or passenger in the other vehicle was injured then place a check mark in this box)
- *49. Police Investigation (example: Did the police investigate? Type of Report: Sheriff, City or State)

WITNESSES OR PASSENGERS

(If you need more space, please use a separate sheet)

- *50. Name and Address (example: John Doe, 19th Ave., Baton Rouge, LA 70804)
- *51. Witness and/or Passenger in vehicle-(Please check the appropriate box to verify if the witness is an independent individual and not a passenger in either vehicle. If the witness is a passenger in the State or other vehicle, then check the appropriate box to indicate which one.)
- *52. Phone for the witness (with area code)
- *53. Pedestrian, Passenger in State Vehicle or passenger in other vehicle. (If witness is other than mentioned, please explain in the "specify" area.)
- *54. Signature of the State Driver (If employee is unavailable, Supervisor may sign for his employee.)
- *55. State Driver's immediate Supervisor and his/her phone # (with area code)

ACCIDENT REPORT

LOUISIANA STATE DRIVER SAFETY PROGRAM

*Submit report to ORM
within 48 hours of accident*

SUPERVISOR TO COMPLETE FIRST 4 ITEMS	1. Agency's Name	2. Person to Contact	3. Phone	4. Loc. Code
5. State Vehicle Drivers Name (PRINT)		6. Drivers Social Security No.	7. Date of Accident	8. Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM

9. Exact Location of Accident (Use street numbers, mileage markers, etc., to pinpoint location)

10. DESCRIBE HOW ACC. HAPPENED	
11. Seat Belt in Use <input type="checkbox"/> Yes <input type="checkbox"/> No	

STATE VEHICLE INFORMATION

If other than vehicle damage, fill in as much as possible under "Other Vehicle" section substituting property owner information for vehicle driver.

12. State Vehicle Driver's Address (Street No., City, State, Zip Code)				13. Home Phone	14. Work Phone
15. Driver's Lic. No.	16. Age	17. Sex <input type="checkbox"/> M <input type="checkbox"/> F	18. Vehicle Owner's Name and Address		
19. Year Vehicle	20. Make Vehicle	21. Model Vehicle	22. Body Type	23. Vehicle Lic. No./ Equip. No./Vin	
24A Where can Vehicle be Seen?			24B Describe Damage		

OTHER VEHICLE INFORMATION

If more than one vehicle is involved, submit additional sheet with information on other vehicle(s).

25. Other Vehicle Driver's Name		26. Driver's Social Security No.	27. Driver's License No.	28. Age	29. Sex <input type="checkbox"/> M <input type="checkbox"/> F
30. Other Vehicle Driver's Address (Street No., City, State, Zip Code)			31. Home Phone	32. Work Phone	
33. Vehicle Owner's Name and Address (Street No., City, State, Zip Code)					
34. Year Vehicle	35. Make Vehicle	36. Model Vehicle	37. Body Type	38. Vehicle I.D. No. or Lic. No.	39. Where can Vehicle be Seen?
40. Other Vehicle Insurance Co.				41. Policy No.	
42. Describe Damage					43. Estimated Amount \$

INJURED

44. Name and Address	45. Phone []	46. PED	47. Ins. Veh.	48. Other Veh.	49. Police Investigated? <input type="checkbox"/> Yes <input type="checkbox"/> No
44. Name and Address	45. Phone []	46. PED	47. Ins. Veh.	48. Other Veh.	49. Type Report: <input type="checkbox"/> Sheriff <input type="checkbox"/> State <input type="checkbox"/> City
44. Name and Address	45. Phone []	46. PED	47. Ins. Veh.	48. Other Veh.	49. Report No. (Item No.)

WITNESSES OR PASSENGERS

50. Name and Address	51. <input type="checkbox"/> Witness <input type="checkbox"/> Passenger	52. Phone []	53. PED	53. Ins. Veh.	53. Other Veh.	53. (Specify)
50. Name and Address	51. <input type="checkbox"/> Witness <input type="checkbox"/> Passenger	52. Phone []	53. PED	53. Ins. Veh.	53. Other Veh.	53. (Specify)
54. State Driver's Signature		55. Name of Driver's immediate Supervisor and Phone No.				